# FORM D

SECURITIES AND Washin FEB 1 7 2004 NOTICE OF S

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Name of Offering ( check if this is a mendment and name has changed, and indicate change.)							
2004 Tradition Alafaya, Ltd. Limited Partnership Offering							
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rul	e 505	☐ Rule 506	Rule 4(6)	ULOE	
Type of Filing	☐ Amendment						
	A. BASIC ID	ENTIFICAT	ON DATA			PROCESSEL	
1. Enter the information requested about the iss	uer						
Name of Issuer (  check if this is an amen	dment and name has cha-	nged, and indi	cate change.	)	/i	FEB 20 2004	
Tradition Alafaya, Ltd.					(1		
Address of Executive Offices (Number and Stre	et, City, State, Zip Code)		Telephone	Number (Includi	ng Area Code)	THOMSON	
600 E. Colonial Drive, Suite 100, Orlando			407-423-	7600		FINANCIAL	
Address of Principal Business Operations (Num	ber and Street, City, State	e, Zip Code)	Telephone	Number (Includi	ng Area Code)		
(if different from Executive Offices)							
Brief Description of Business					1011 1111 1111 1111	LLEU (0100 (1100 11010 11100 UNDOLL	
Apartment Community ownership, devel	ion						
Type of Business Organization							
corporation 🖾 limit	ed partnership, already fo	ormed			04	008350	
			□other (	please specify)			
☐ business trust ☐ limit	ed partnership, to be forn	ned					
	Mo	onth Year		· -			
Actual or Estimated Date of Incorporation or Or	ganization: 02	2004					
,					☐ Estimated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)							

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

				<u> </u>				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	⊠General and/or				
				Managing Partner				
Full name (Last name first, if individual)								
Schrimsher Investments Corporati	on							
Business or Residence Address (Number	and Street, City, State Z	ip Code)						
600 E. Colonial Drive, Suite 100, O	rlando, FL 32803							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	⊠General and/or				
				Managing Partner				
Full name (Last name first, if individual)								
BSP/Tradition II, LLC								
Business or Residence Address (Number	and Street, City, State Z	ip Code)						
35 Broad Street, Charleston, South	Carolina 29401							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer of	Director	General and/or				
		Corporate General Partner		Managing Partner				
Full name (Last name first, if individual)								
Schrimsher, J. Steven								
Business or Residence Address (Number	and Street, City, State Z	ip Code)		<del></del>				
600 E. Colonial Drive, Suite 100, Orlando, FL 32803								
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer of	Director	General and/or				
. ,	_	Corporate General Partner	_	Managing Partner				
Full name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·	<del></del>						
Schrimsher, Frank L.		,						
Business or Residence Address (Number	and Street, City, State Z	ip Code)						
600 E. Colonial Drive, Suite 100, Orlando, FL 32803								
Check Box(es) that Apply: Promoter	Beneficial Owner	⊠Executive Officer of	Director	General and/or				
		Corporate General Partner		Managing Partner				
Full name (Last name first, if individual)								
Schrimsher, Michael A.								
Business or Residence Address (Number and Street, City, State Zip Code)								
600 E. Colonial Drive, Suite 100, Orlando, FL 32803								
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer of	Director	General and/or				
• • • • • •		Corporate General Partner		Managing Partner				
Full name (Last name first, if individual)								
Walsh, Stephen R.								
Walsh, Stephen R.								
Walsh, Stephen R.  Business or Residence Address (Number a	and Street, City, State Z	ip Code)						
	•	ip Code)		·				

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					B. I	NFORM	ATION	ABOUT	OFFEI	RING				····
1.	<ol> <li>Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?         Answer also in Appendix, Column 2, if filing under ULOE.     </li> </ol>									Yes No				
2.	2. What is the minimum investment that will be accepted from any individual?  (Subject to issuer's right to waive minimum amount)									\$ <u>50,000</u>				
3.	Does th	e offering	g permit	joint own	ership of	a single	unit?							Yes No
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.</li> </ol>														
Ful	l Name (	Last nam	e first, if	individu	al)									
Re	public Se	curities	of Amer	ica, Inc.										
Bu	siness or	Residenc	e Addres	s (Numb	er and St	reet, City	, State, 2	Zip Code)						<del></del>
600	E. Colo	nial Driv	ve. Suite	100, Orl	ando, FI	32803								
	me of As								<del></del>		<del></del>			
114.	1110 01 713	ociuted .	Broker o	Dealer										
Sta	tes in Wl	nich Pers	on Listed	Has Soli	icited or l	Intends to	Solicit	Purchasers						
	(Check	"All State	es" or ch	eck indiv	idual Sta	tes)								All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Ful	l Name (	Last nam	e first, if	individu	al)									
Bu	siness or	Residenc	e Addres	ss (Numb	er and St	reet, City	, State, 2	Zip Code)						<del></del>
Na	me of As	sociated :	Broker o	r Dealer				<del></del>	-					
Sta	tes in Wh	ich Pers	on Listed	Has Soli	icited or l	Intends to	Solicit	Purchasers						·
				eck indiv										All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[PR]	
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer .														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
	(Check "All States" or check individual States)													
	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]													
	[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WT]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. O	FFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCE	EDS		
am exc	ter the aggregate offering price of securities included in this offering and the total ount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an change offering, check this box  and indicate in the columns below the amounts of securities offered for exchange and already exchanged.	Aggregate Offering Price	Amounts Already Sold	
	Type of Security			
	Debt	\$0	\$	0
	Equity	\$0	\$	0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$0	\$	0
	Partnership Interests (Limited Partnership Interests)		\$	0
	Other (Specify)		\$	0
	Total	\$8,770,000	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.			
in t Rul	ter the number of accredited and non-accredited investors who have purchased securities this offering and the aggregate dollar amounts of their purchases. For offerings under le 504, indicate the number of persons who have purchased securities and the aggregate lar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggre Dollar A of Purc	mount
	Accredited Investors	0	\$	0
	Non-accredited Investors	n/a	\$	<u>n/a</u>
	Total (for filings under Rule 504 only)	1-	\$	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.			
all : (12	his filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, in the twelve) months prior to the first sale of securities in this offering. Classify securities by type ed in Part C - Question 1.	Type of Security	Dollar Amount Sold	
	Type of offering			
	Rule 505	n/a	\$	n/a
	Regulation A	n/a	\$	n/a
	Rule 504		\$	n/a
	Total	n/a	\$	<u>n/a</u>
4. a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
		1	⊠ \$	. 0
	Transfer Agent's Fees		⊠\$	
	Printing and Engraving Costs  Legal Fees			9,000
	Accounting Fees			8,000
	Engineering Fees		⊠ \$	0
	Sales Commissions (specify finders' fees separately)			26,200
	Other Expenses (identify) Organization expenses, blue sky fees, etc.		፟ \$	
	Total	1	<b>∑</b> \$ <u>55</u>	8,125

· , · , · , · , · , · , · , · , · , · ,			
C. OFFERING PRICE, NUMBER OF INV			
b. Enter the difference between the aggreg	gate offering price given in response to Part C	C -	
• • • • • • • • • • • • • • • • • • •	ed in response to Part C - Question 4.a. Tl		
difference is the "adjusted gross proceed	ls to the issuer."	••••	\$ <u>8,211,875</u>
5. Indicate below the amount of the adjusted	d gross proceeds to the issuer used or propos	ed	
to be used for each of the purposes shown.	If the amount for any purpose is not know	n, Payments to	Payments To
furnish an estimate and check the box to the	left of the estimate. The total of the paymer	Officers,  Directors, &	Others
listed must equal the adjusted gross proceeds	to the issuer set forth in response to Part C		
Question 4.b above.			
C. 1			<b>.</b>
		△ *	
Purchase of real estate		··· 🖂 \$0	
Purchase, rental or leasing and installation	··· 🛛 \$0	⊠ \$ <u>0</u>	
Construction or leasing of plant buildings	🛛 \$0	<b>∑</b> \$ <u>4,000,000</u>	
Acquisition of other businesses (including offering that may be used in exchange for			
pursuant to a merger)	and assets of socialists of amounts follows		
Repayment of indebtedness		🛛 \$0	⊠ \$ <u>0</u>
Working capital		🛛 \$0	\$\211,875
Other (specify):		🛛 \$0	⊠ \$ <u>0</u>
Column Totals		🛛 \$0	
Total Payments Listed (column totals added	i)	🖾 \$_	8,211,875
D. FEDERAL SIGNATURE		<del></del>	
The issuer has duly caused this notice to be			
505, the following signature constitutes an ur			
upon written request of its staff, the information of Rule 502.	on furnished by the issuer to any non-accredit	ted investor pursuant to	o paragraph (b)(2)
Issuer (Print or Type)	Signature D	ate	
Tradition Alafaya, Ltd.	A PROTOCO	2/12/04	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
J. Steven Schrimsher	President of Schrimsher Investments C	Corporation, its Gene	ral Partner

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)